

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6		2				
7		2				
8		4				
9		5				
10						
11		5				
12	1	5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
19		5				
20		5				
21		5				
22	1					
23		1				
24		1				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31						
32						
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37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		94	94	94	94	94
TOTAL CLAIMS	55					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS